

<b>Case Number:</b>	CM15-0072013		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	08/01/1999
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65 year old male, who sustained an industrial injury on 8/1/1999. He reported falling onto his tailbone. Diagnoses have included post laminectomy syndrome, lumbar sprain/strain, cervical sprain/strain, lumbar radiculopathy and chronic pain syndrome. Treatment to date has included magnetic resonance imaging (MRI) and medication. According to the progress report dated /9/2015, the injured worker complained of neck pain with migraines. He also complained of low back pain radiating into the left leg. The pain was rated 5-7/10. Physical exam revealed spasms in the cervical paraspinal muscles with limited range of motion in the neck with stiffness. There was tenderness in the lower lumbar spinous processes and spasms in the paraspinal muscles. There was positive straight leg raise on the left. Authorization was requested for eight acupuncture sessions and one transcutaneous electrical nerve stimulation (TENS) unit.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**8 Acupuncture sessions for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Guidelines recommend an initial course of 3-6 acupuncture treatments in order to assess for functional improvement. Additional treatment may be warranted if there is documented evidence of objective functional improvements. In this case, the patient appears to be a candidate for an initial course of 3-6 acupuncture treatments. The request for 8 acupuncture treatments is not medically appropriate and necessary.

**1 TENS (transcutaneous electrical nerve stimulation) unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**Decision rationale:** Guidelines do not recommend TENS as a primary treatment modality. It may be warranted as a one month home based trial if used in conjunction with an evidence-based program of functional restoration. It may be warranted for neuropathic pain if other pain modalities have failed. Records provided note that the patient failed some medications, but that he was on a trial of Neurontin currently. The patient was also recommended for acupuncture. Since the patient did not fail all other conservative treatment, the request for TENS unit is not medically necessary and appropriate.